## ∜3 NOT-FOR-PROFIT CORPORATION MIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N27807**

1044 CASTELLO DR

SUITE 206 NAPLES FL 33940

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

## MONTEREY SINGLE FAMILY NEIGHBORHOOD ASSOCIATION, INC.



Mailing Address SOUTHWEST PROP MGMT CORP 1044 CASTELLO DRIVE #206 NAPLES FL 34103 US 3. Mailing Address

Suite, Apt. #, etc.

City & State

Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90442 040 \*\*\*\*61.25



☐ CHECK HERE IF MAKING CHANGES

Applied For

4. FEI Number 65-008 1829

				,			Not Applicable		
Zip	Country Zip C		Co	untry	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
					Name				
Southwest property management corp. 1044 Castello drive				Street Address (P.O. Box Number is Not Acceptable)					
SUITE 206 NAPLES FL :	06 FL 24102								
14AL EEO 1 E 07100				City		FL	Zip Code		
	ned entity submits this statemen of registered agent.	t for the purpose of chan	ging its register	ed office or reg	gistered agent, or both, in the State of Flor	ida. Lam f	amiliar with, and accept		

SIGNATURE

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Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be

Make Check Payable to

		ndot i and oo,	mbunon.	- Added to Fees Fiorida Department of		olate		
10.	OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	SD	☐ Delete	TITLE	YD schwarte, Doug	Change	Addition		
NAME	SCHWARTZ, DOUG		NAME	schwarte, Doug	•			
STREET ADDRESS	2132 LAGUNA WAY		STREET ADDRESS	[				
CITY-ST-ZIP	NAPLES FL 34109		CITY-ST-ZIP					
TITLE	VD SCOTT HEEEDEV	<b>▶</b> Delete	TITLE	PD	☐ Change	Addition		
NAME	SCUII, JEFFRET		NAME	Medley, Larry,				
STREET ADDRESS	7699 SANTA MARGARITA WAY		STREET ADDRESS	Medley, Carry 2124 La Paz Ct.				
CITY-ST-ZIP	NAPLES FL		CITY-ST-ZIP	Naples, FL 34104	9			
TITLE	TD	Delete	TITLE TO THE	SD. The same of th	☐ Change	🔙 Addition		
NAME	,martens, lorel	· ·	NAME	M'Avoy, Cashy 2045 Sevilla Way				
STREET ADDRESS	7701 SANTA MARGHERITA WAY		STREET ADDRESS	2045 Sevilla Way				
CITY-ST-ZIP	NAPLES FL 34109		CITY-ST-ZIP	Naples SL 3416	9			
TITLE	D	Delete	TITLE	TO'	☐ Change	Addition		
NAME	Benson, Steve		NAME	Dowling, Rob 7558 Cordoba Cir				
STREET ADDRESS	8020 SAN SIMEON WAY		STREET ADDRESS	1558 Cordoba Cit	<b>~.</b>			
CITY-ST-ZIP	NAPLES FL 34109		CHT-SI-ZIP	Nanle 6 56 3416	59			
TITLE	PD	Delete	TITLE	<b>b</b>	☐ Change	Addition		
NAME	CULLEN, JIM		NAME	Johnson Christof	pher	i		
STREET ADDRESS	2107 MISSION DRIVE		STREET ADDRESS	2127 Mission Dr.				
CITY-ST-ZIP	NAPLES FL 34109		CITY-ST-ZIP	D Johnson, Christof 2127 Mission Dr. Naples, Ec 3410	9			
TITLE		☐ Delete	TITLE		☐ Change	Addition		
NAME			NAME			,		
STREET ADDRESS			STREET ADDRESS			(		
CITY-ST-ZIP			CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: